PATENT APPLICATION LE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number:

10/505468

CLATIVIS AS FILED - PART I								SMALL ENTITY			OF SMALL ENTITY										
			(Column	1)	(Colu	mn 2)	! —	YPE [OF.	SMALL	ENTITY									
TOTAL CLAIMS								RATE	FEE	<u> </u>	RATE	FEE									
FOR			NUMBER FILED NUMB			ER EXTRA	E	BASIC FEE	:	OR	BASIC FEE	920									
TOTAL CHARGEABLE CLAIMS			25 minus 20= + 5			:		XS 9=		OR	X\$18=	90									
INE	DEPENDENT C	LAIMS	/ minus 3 = 1*					X43=		OR	X86=										
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	-290=										
- If	the difference	e in column 1 is	less than zero, enter "0" in column 2				٠ ـــ	TOTAL		OR	TOTAL	19/0									
	C	LAIMS AS A	MENDE) - PART II							OTHER	THAN									
		(Column 1)	(Column 2) (Column 3)			:	SMALL	ENTITY	OR	SMALL	ENTITY										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		XS 9=		OR	X\$18=										
	Independent	*	Minus	***		=		X43= ·		OR	X86=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=										
TOTAL										OR	TOTAL										
AUDIT FEE L										J	ADDIT. FEE										
	(Column 1)		(Column 2)			(Column 3)			ADDI	1		ADDI-									
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL									
	Total	*	Minus	**				XS 9=		OR	X\$18=										
	Incependent	•	Minus	***		=		X43=		OR-	X86=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR.	+290=										
								TOTAL	*.,	. 1	. TOTAL										
ADDIT. FEE LOR										JOH :	ADDIT. FEE										
		(Column 1)		(Column		(Column 3)	· <u>· </u>														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independent	*	Minus	sinta		= '		X43=		, D	X86=										
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR											
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20." ADDIT FEE											,										
. 1	i tne "Highest Nui The "Highest Num	mber Previously Paid ber Previously Paid	id For IN IMIS I For (Total or	o orace is i Independent	ess thar I) is the	i 3, enter "3." highest number	r found	in the app	ropriate box	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											